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Governor

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W. DALE WALLEY
Acting Commissioner

August 1, 2000

Provider Notice 00-08

TO: Medicaid Physicians and Pharmacy Providers

RE: Additional Monthly Maximum Dosage Units

In an effort to foster appropriate drug utilization, Medicaid, upon consideration of the recommendation of the Pharmacy and Therapeutics Committee, has expanded the maximum monthly dosage units for various drugs to include anti-depressants, proton pump inhibitor, prostaglandins, and H2 antagonists. Maximum units are established as monthly limits (30 days), and have been re-evaluated during the last month. Maximum units, as indicated below, will be effective for claims processed after September 1, 2000.

Recognizing that the treatment of some patients may require extraordinary means, an override process has been developed. In order to provide authorization for doses exceeding the monthly maximum units, additional information regarding the patient's diagnosis and medical justification is needed. Overrides for patients requiring a higher monthly dosage may be requested by contacting the Alabama Quality Assurance Foundation (AQAF) at 1-888-MED-CAID, or 1-888-633-2243, or by FAX at 1-888-329-6759. The prescribing physician may provide medical justification over the telephone or may submit the information in writing via FAX to 1-888-329-6759.

Overrides may be granted for up to one year, with supporting justification and diagnosis.

If a patient presents to the pharmacy with a prescription for more than the monthly limit, the pharmacy or physician should contact AQAF for an override. A patient can not be charged cash for quantities in excess of the 30-day limit unless an override has been requested and denied. Once an override request has been requested and denied because the patient failed to meet medical necessity criteria, the excessive quantity becomes a Medicaid non-covered service for that patient. The provider may charge cash for Medicaid non-covered services.

A list of the current additions to max units for drugs most frequently edited for monthly units and their limits is provided. Any questions regarding this notice may be directed to Louise F. Jones, Acting Associate Director, Program Management at 334-242-5039 or Dr. Mary McIntyre, Associate Medical Director, at 334-242-5997.

W. Dale Walley
Acting Commissioner

Distribution

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama

Our Mission - To provide an efficient and effective system of financing health care for our beneficiaries.

Anti-Depressants	Strength	Max Quantity
Mirtazapine	15 mg	30
Mirtazapine	30 mg	60
Mirtazapine	45 mg	60
Bupropion	75 mg	90
Bupropion	100 mg	90
Bupropion	100 mg	120
Bupropion	150 mg	90
Venlafaxine	25 mg	90
Venlafaxine	37.5 mg	90
Venlafaxine	50 mg	90
Venlafaxine	75 mg	90
Venlafaxine	100 mg	90
Venlafaxine	37.5 mg	30
Venlafaxine	75 mg	90
Venlafaxine	150 mg	60
Nefazadone	50 mg	60
Nefazadone	100 mg	60
Nefazadone	150 mg	60
Nefazadone	200 mg	90
Nefazadone	250 mg	60
Citalopram	20 mg	30
Citalopram	40 mg	30
Fluoxetine	10 mg	30
Fluoxetine	10 mg pulv.	30
Fluoxetine	20 mg pulv.	60
Fluoxetine	40 mg pulv.	60
Fluoxetine	20mg/5ml	600 ml
Fluvoxamine	25 mg	30
Fluvoxamine	50 mg	60
Fluvoxamine	100 mg	90
Paroxetine	10 mg	30
Paroxetine	20 mg	30
Paroxetine	30 mg	60
Paroxetine	40 mg	30
Paroxetine	10 mg/5 ml	600 ml
Paroxetine	12.5 mg	30
Paroxetine	25 mg	60
Sertraline	25 mg	30
Sertraline	50 mg	30
Sertraline	100 mg	60

H2 Antagonists	Strength	Max Quantity
Cimetidine	300mg/5ml	240ml
Ranitidine	15mg/ml	240ml

Prostaglandins	Strength	Max Quantity
Misoprostol	100 mcg	120
Misoprostol	200 mcg	120

Proton Pump Inhibitor	Strength	Max Quantity
Pantoprazole	40 mg	30

Rabeprazole	20 mg	30
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7-17-00